**Impact of the HIV/AIDS epidemic in Tanzania**

Given that the HIV/AIDS epidemic has progressed with different rates in various population groups in Tanzania, the impact has varied from being minor to being profound depending on the time the infection was introduced in the area, rate of spread and the proportion of the population affected.   
  
Experiences from several parts of the country indicate that HIV infected persons, on average, die about 4 to 12 months after falling ill with one or more of the major manifestations of AIDS. During this period a member of the family often has to stay at home or hospital with the patient to provide care especially during the terminal stages of the disease. The medical, emotional and social costs on the patient and indeed the family are frequently high. More socio-economic difficulties arise when the patient is the main bread earner. When death finally comes the traditional family structures, already stressed by poor health, increased burden of care and poverty, are in many cases at breaking points. Funeral costs have been estimated to exceed US $100 for every adult death in Kagera. Available data from severely affected communities show that AIDS often leads to social and economic disruption of affected individuals, families and communities. The poorest households are least able to cope with the impact of adult deaths due to AIDS and are frequently unable to obtain even the most basic needs in the short term. Child nutrition, education, health and living standards for the survivors may be severely affected.  
  
Hospital based data indicate that up to 50% of beds are occupied by patients with HIV/AIDS related illness. Consequently the demand for care and hospital supplies is enormous and by-and-large government health facilities are facing inadequate funding and manpower. It is estimated that in Tanzania the ideal lifetime and nursing-care costs for HIV/AIDS is US $ 290 for adults and US$ 195 for children. Gains made during 1980's in TB control have been lost due to HIV/AIDS. TB case rates had been declining steadily up to 1982 but since then there has been a sharp increase the number of reported TB cases and in most urban areas these have more than doubled.  
  
The number of adult HIV infection in Tanzania in 1999 was estimated to be 1,745,320 (NACP). Given the fatality of the illness, and with 1.7 million infected adults, HIV/AIDS can no longer be viewed as just a health problem it has to be cognised as a development problem. The impact of the epidemic is serious given its widespread; it is now the major cause of adult mortality in many parts of Tanzania.   
  
The health sector in particular is experiencing an increased demand for its services, as AIDS patients occupy an ever-increasing number of beds in hospitals. And given illness episodes per AIDS patient, the public expenditure on AIDS treatment is high. In the education sector we find children pulled out of school either due to a lack of money or needed to help at home. The social welfare sector is experiencing a large increase of AIDS orphans.  
  
Industries experiencing the loss of skilled workers are facing high costs of recruitment and training of the new personnel. As the labour force in agriculture declines, agricultural production will decline. Agriculture takes place on family farms where agricultural production is labour intensive, and seasonal labour constraints are common.  
  
Since agriculture is the backbone of the Tanzanian economy, and most agricultural workers are in the age group 15-45 who are mostly affected by the epidemic, the impact of HIV/AIDS is gradually becoming noticeable as the epidemic spreads to rural communities. Production of food and cash crops is bound to suffer as the labour force gets sick and dies from AIDS.  
  
The World Bank estimates that because of the AIDS epidemic, life expectancy by 2010 will revert to 47 years instead of the projected 56 years in the absence of AIDS. The Bank further predicts that the mean age of the working population (labour force) will decline from 31.5 to 29 years between 1992 and 2010. The overall younger work force will have less education, less training and less experience. In addition the number of children orphaned by AIDS was estimated to be increasing from between 260,000 to 360,000 in 1995 to between 490,000 and 680,000 by the year 2000. Families, communities and the government will be required to generate resources to cater for the needs of these children. The Bank further estimates that, AIDS will reduce average real GDP growth rate in the period 1985-2010 from 3.9% without AIDS to between 2.8 and 3.3% with AIDS. These factors will certainly have a negative impact on the overall economic performance of the country and its living standards.